## **Commonwealth of Virginia Health Benefits Program**

## Monthly Premiums for Extended Coverage (COBRA) Participants Effective July 1, 2017 – June 30, 2018

**Please note:** Get a premium reward if you are enrolled in COVA Care or COVA HealthAware! You or your enrolled spouse must complete certain healthy actions to save \$17 a month or \$34 when both of you meet the requirements.

Health Care Plans	You Only	You Plus One	You Plus Two or More
COVA HDHP - High Deductible Hea	alth Plan Basic		
Total Premium – 18 or 36 months	\$562	\$1,044	\$1,526
Total Premium – 29 months	\$827	\$1,536	\$2,244
COVA HDHP Plus Expanded Denta	nl .		
Total Premium – 18 or 36 months	\$593	\$1,105	\$1,618
Total Premium – 29 months	\$872	\$1,625	\$2,379
COVA HealthAware Basic			
Total Premium – 18 or 36 months	\$678	\$1,258	\$1,819
Total Premium – 29 months	\$998	\$1,850	\$2,675
COVA HealthAware Plus Expanded	d Dental		
Total Premium – 18 or 36 months	\$709	\$1,319	\$1,910
Total Premium – 29 months	\$1,043	\$1,940	\$2,810
COVA HealthAware Plus Expanded	d Dental & Vision		
Total Premium – 18 or 36 months	\$720	\$1,336	\$1,934
Total Premium – 29 months	\$1.059	\$1,965	\$2,844
COVA Care Basic	Ψ1,000	ψ1,000	φ=,στι
Total Premium – 18 or 36 months	\$750	\$1,387	\$2,011
Total Premium – 29 months	\$1,103	\$2,040	\$2,958
COVA Care Plus Out-of-Network	. ,	. ,	. ,
Total Premium – 18 or 36 months	\$767	\$1,412	\$2,044
Total Premium – 29 months	\$1,128	\$2,076	\$3,006
COVA Care Plus Expanded Dental			
Total Premium – 18 or 36 months	\$781	\$1,447	\$2,104
Total Premium – 29 months	\$1,149	\$2,129	\$3,095
COVA Care Plus Out-of-Network &	Expanded Dental		
Total Premium – 18 or 36 months	<b>\$</b> 799	\$1,472	\$2,137
Total Premium – 29 months	\$1,175	\$2,165	\$3,143
COVA Care Plus Expanded Dental	Plus Vision & Hearin	ng	
Total Premium – 18 or 36 months	\$800	\$1,479	\$2,147
Total Premium – 29 months	\$1,176	\$2,175	\$3,158
COVA Care Plus Out-of-Network P	lus Expanded Dental	Plus Vision & Hearin	g
Total Premium – 18 or 36 months	\$817	\$1,503	\$2,180
Total Premium – 29 months	\$1,202	\$2,211	\$3,206
Kaiser Permanente HMO – availab	<u> </u>	ern Virginia	
Total Premium – 18 or 36 months	\$638	\$1,173	\$1,709
Total Premium – 29 months	\$938	\$1,725	\$2,513